



The Commonwealth of Massachusetts

Department of Public Safety

One Ashburton Place, Room 1301

Boston, Massachusetts 02108-1618

Phone (617) 727-3200

Fax (617) 727-5732

**AFFIDAVIT OF _____ IN SUPPORT OF REQUEST FOR
NAME
EXPEDITED ISSUANCE OF LICENSE/CERTIFICATE OR TEMPORARY
LICENSE/CERTIFICATE PURSUANT TO M.G.L. c. 147 § 62(c)**

My name is _____ and my spouse is currently serving in the United
NAME

States armed forces as defined by clause forty-third of M.G.L. c. 4 § 7 and has been transferred

from _____ to Massachusetts. I currently hold a _____
CURRENT STATE TYPE OF LICENSE

in _____. On _____, I left my employ as a(n)
CURRENT STATE DATE

_____ in _____ to move to Massachusetts with
OCCUPATION CURRENT STATE

my spouse.

SIGNATURE

DATE

**Mail form to: Department of Public Safety, One Ashburton Place, Room 1301, Boston, MA
02108-1618, Attn: Military Exemption**